STATE OF SOUTH DAKOTA

atement of Legal Newspaper Ownership and Circulation

State

ETATHE OF NEWS FAPER Eagle Butte News		2. DATE OF FILING 10-29-99
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$24.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION PO Box 210, (Dewey County), South Dal	ON (Street, City, County, State and ZII) kota 57625-0210	P+4 Code) (Not printers)
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GEN PO Box 190, Gettysburg, SD 57442-01	ERAL BUSINESS OFFICES OF THE F	PUBLISHER (Not printer)
6. FULL NAME OF PUBLISHER: David B. Clausen PO Box 190, Gettys		
7. OWNER (If owned by a corporation, its name and address must be state holders owning or holding 1 percent or more of total amount of stock. If not owners must be given. If owned by a partnership or other unincorporated firm, its new full NAME Missouri Dakota Publishing Inc 8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY FITAL AMOUNT OF BONDS. MORTGAGES OR OTHER SECURITIES (If there	red by a corporation, the names and a sum and address, as well as that of ear COMPLETE MAILING ADDRESS PO Box 190 Gettysburg, SD 57442 HOLDERS OWNING OR HOLDING 1.1	ddresses of the individual own- ch individual must be given. 2-0190
Jack L. Stoner, PO Box 308, Cle El		necest, ast on back of gils form)
EXTENT AND NATURE OF CIRCULATION (See Instructions on reverse side)	AVERAGE NO. COPIES EACH ISSUE D PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSU NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	2258	2460
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales	1255	1315
Mail Subscription (Paid and or requested)	724	736
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 1081 and 1082)	1999	2051
D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS	0	0
SAMPLES, COMPLIMENTARY, AND OTHER FREE COPIES	25	25
E. TOTAL DISTRIBUTION (Sum of C and D)	2004	2076
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2. Return from News Agents	54	160
G. TOTAL (Sum of E, F1 and 2 should equal net press run shown in A)	2258	2460
I swear that the statements made by me above are correct and complete.	THE AND TITLE OF BUBLISHER, BUS	INESS MANAGER OR OWNE
State of South Dakota Swo	orn to before me thisOctol	29th day
County of Potter	Carol & 11	19 <u>99</u>

Form: SOS REC 051 01/93

Notary Public My commission expires Oct. 15, 2004